**SCHOOL ASTHMA AND TREATMENT PLAN
BRIMFIELD CUST #309**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Teacher/Grade: \_\_\_\_\_\_\_\_\_\_

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Restrictions: (ANY RESTRICTIONS MUST BE ACCOMPANIED BY A PHYSICIAN’S NOTE)**

\_\_\_\_\_ no restrictions

\_\_\_\_\_ restrict outdoor exercise during: cold weather/ high humidity / high wind / other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My child’s asthma is**: not a concern / mild / moderate / severe (circle one)

**Triggers**: cold air / exercise / hot humid weather / dust / pet dander / strong odors, perfumes /
 grass, pollens / smoke / allergies / cold, flu / sudden temperature change / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **(Circle all that apply)**

Symptoms include: coughing / wheezing / pain, tightness in chest / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **(Circle all that apply)**

**Worst time of the year**: spring / summer / fall / winer/ all year

**Medications taken**: Reliever medication (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Controller medication (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***REMINDER: ALL INHALERS NEEDS A PHYSICIAN ORDER OR A COPY OF THE PHARMACY LABEL KEPT ON FILE AT SCHOOL***

Does your child need a rescue inhaler at school? YES/NO
Does your child use a chamber with the inhaler? YES/NO
Is your child able to self administer inhaler? YES/NO
Location of inhaler: will carry inhaler / keep in locker / keep in classroom

Brimfield School Dist. will permit the self administration of asthma inhaler medications for students with asthma provided that the parents or guardians acknowledge the school district is to incur no liability, except willful and wanton conduct, as a result of any injury arising from the self administration of mediation by the student and the parents or guardians must indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self administration of medication.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_